



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

October 1, 2019

Ms. Cassandra Losee, Manager  
Sterling House At Rockingham  
33 Atkinson Street  
Bellows Falls, VT 05101-1502

Dear Ms. Losee:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 10, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

PRINTED: 09/16/2019  
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/10/2019
NAME OF PROVIDER OR SUPPLIER  STERLING HOUSE AT ROCKINGHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 33 ATKINSON STREET BELLows FALLS, VT 05101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:	R100		
	An unannounced on-site investigation of a self-report was conducted by the Division of Licensing and Protection on 9/10/19. The following regulatory violation was identified:			
R266 SS=F	IX. PHYSICAL PLANT	R266		
	9.1 Environment			
	9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.			
	This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure a safe environment was maintained for all 18 residents who reside in the Sterling House. The findings include the following:  Per review of internal investigation dated 08/26/19, identifies that Resident #2 reported to the facility manger that Resident #1 has been smoking cigarettes in the shared bathroom at night and putting everyone at risk.  Resident #1 is interviewed by the facility manager on 08/26/19 and confronted about the reported incident. Resident #1 admitted to smoking in the bathroom and voiced being sorry.  Facility Admission Agreement identifies that Sterling House is a non-smoking facility. Smoking is allowed off the premises some 10 feet away of the building. No lighter/matches are allowed in resident rooms and must be turned			

*Please see attached*

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6399

1ROQ11

If continuation sheet 1 of 3

*[Signature]* 9/27/19 Director  
R266 PDL accepted 9/30/19 mbatrendra/mml  
RN.

PRINTED: 09/16/2019  
FORM APPROVED

## Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER  STERLING HOUSE AT ROCKINGHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 33 ATKINSON STREET BELLOWS FALLS, VT 05101			
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R266	Continued From page 1  into facility staff and stored in the medication room. Agreement signed by Resident #1 on 07/03/18.  Addendum dated 07/03/19 identifies information related to the non-smoking facility and an agreement by the resident to turn in lighters to the facility staff to be stored in the medication room each night, initialed by the resident.  07/05/19 Letter to all smokers who reside at the Sterling House: To prevent house fires the facility will be taking the following actions: 1. Residents lighters will be turned in every night if not after every use. You will then sign a paper stating you promise all your lighters are turned in. You will sign them out every morning. 2. If you choose to not turn in your lighter throughout the day, it must stay on you or in a locked box. 3. There will be absolutely no smoking in the building or on either porch. 4. Cigarettes MUST be disposed of in the butt can. 5. If we find a lighter or matches laying around it will be confiscated and not returned. 6. If any of these rules are broken, you will receive a written warning about the discussion above. After one written warning the next step will be a written 30-day notice of eviction.  Per review of the signature sheet that refers to document dated 7/5/19, Resident #1 has inconsistently submitted his/her lighter for storage at the end of the day nor has s/he signed the form indicating all lighters and matches have been turned in. There are also notations by the facility staff identifying the resident's refusal to sign for both the months of July and August 2019.		R266		

Division of Licensing and Protection  
STATE FORM

6899

1RQ011

If continuation sheet 2 of 3

PRINTED: 09/16/2019  
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/10/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

STERLING HOUSE AT ROCKINGHAM

33 ATKINSON STREET  
BELLOWS FALLS, VT 05101

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R266 Continued From page 2

R266

Resident #1 was provided a written warning due to violation of smoking policies and failure to meet requirements of signed agreement dated 07/05/19, the resident was also provided a 30-day discharge notice date 9/10/19 for violating smoking policies and presenting a risk to all those who reside and work in the facility.

# Sterling HOUSE AT ROCKINGHAM, LLC

## *Residential Care*

33 Atkinson Street  
Bellows Falls, Vermont 05101  
802-463-0137

Ms. Suzanne Leavitt and Maureen Bertrand  
Div Licensing and Protection  
Ladd Hall  
Waterbury, VT

September 17, 2019

Plan of Correction for survey conducted September 10, 2019.

### Physical Plant


R 266

1. To correct this deficiency Sterling House has taken an inventory of all the residents that smoke and what they have for smoking paraphernalia. Director of Sterling House has labeled the Resident's lighters and tobacco and has created a sign in/out log for the Residents who smoke. The Residents are aware if they sign out their smoking paraphernalia and do not return it, the Director will be called immediately and will come in to question and help locate the smoking paraphernalia. Residents will receive one written warning if smoking paraphernalia is found on their person or in their room. Next course of action is a 30 day notice of intent to discharge.
2. Sterling House is already a nonsmoking facility, although some residents have been grandfathered into this rule per their Residential Rights. This Director will no longer accept anyone who smokes cigarettes. Those Residents who have been grandfathered in, have signed the updated Policy that was dated 7/5/2019 and there have been no other situations besides with resident number one. As stated above, an inventory has been made, and a log created for smoking paraphernalia. All Residents whom smoke have varies type of nicotine replacement in the medication room. Staff have been encouraged to cue residents whom smoke, to sign in and out and or utilize their nicotine replacement.
3. Corrective actions will be monitored by the Director. The Director will do random audits of residents whom smoke, to ensure they have no paraphernalia on them or in their rooms. All residents whom smoke have consented to this. Sterling House staff will cue the smokers to sign in and out when smoking.

4. This system was implemented this week (9/23/2019) It will continue for the remainder of the time Sterling House has people who smoke. Resident number one was given a 30 day discharge notice and will be rehomed by October 10, 2019.

As always, please feel free to contact me with any questions or concerns.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kassandra Losee".

Kassandra Losee, RN, Director